

2009
CITY OF INDIANAPOLIS
***Consolidated Annual Performance &
Evaluation Report (CAPER)***



Affordable, sustainable decent neighborhoods, housing, supportive services, and training, creating economic opportunities



***Department of Metropolitan Development -
Division of Community Economic Development
(March 31, 2010)***

Appendix G

HOPWA Charts



Housing Opportunities for Persons With AIDS (HOPWA) Program

Consolidated Annual Performance and Evaluation Report (CAPER) Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 12/31/2010)

The HOPWA CAPER report for formula grantees provides annual information on program accomplishments in meeting the program's performance outcome measure: maintain housing stability; improve access to care; and reduce the risk of homelessness for low-income persons and their families living with HIV/AIDS. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning Regulations. The public reporting burden for the collection of information is estimated to average 45 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 68 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

Overview. The Consolidated Annual Performance and Evaluation Report (CAPER) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER, in conjunction with the Integrated Disbursement Information System (IDIS), fulfills statutory and regulatory program reporting requirements and provides the grantee and HUD with the necessary information to assess the overall program performance and accomplishments against planned goals and objectives

HOPWA formula grantees are required to submit a CAPER, and complete annual performance information for all activities undertaken during each program year in the IDIS, demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER and IDIS data to obtain essential information on grant activities, project sponsors, housing sites, units and households, and beneficiaries (which includes racial and ethnic data on program participants). The Consolidated Plan Management Process tool (CPMP) provides an optional tool to integrate the reporting of HOPWA specific activities with other planning and reporting on Consolidated Plan activities.

The revisions contained within this edition are designed to accomplish the following: (1) provide for an assessment of unmet need; (2) streamline reporting sources and uses of leveraged resources; (3) differentiate client outcomes for temporary/short-term and permanent facility-based assistance; (4) clarify indicators for short-term efforts and reducing the risk of homelessness; and (5) clarify indicators for Access to Care and Support for this special needs population. In addition, grantees are requested to comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282) which requires federal grant recipients to provide general information for all entities (including subrecipients) receiving \$25,000+ in federal funds.

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Continued Use Periods. Grantees that use HOPWA funds for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for ten years for HOPWA-eligible beneficiaries. For the years in which grantees do not receive and expend HOPWA funding for these activities, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 5 in CAPER.

Final Assembly of Report. After the entire report is assembled, please number each page sequentially.

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C. 20410.

Definitions: Facility-Based Housing Assistance: All HOPWA housing expenditures which provide support to facilities, including community

residences, SRO dwellings, short-term or transitional facilities, project-based units, master leased units, scattered site units leased by the organization, and other housing facilities approved by HUD.

Grassroots Organization: An organization headquartered in the local community where it provides services; has a social services budget of \$300,000 or less annually; and six or fewer full-time equivalent employees. Local affiliates of national or larger organizations are not considered "grassroots."

Housing Assistance Total: The non-duplicated number of households receiving housing subsidies and residing in units of facilities that were dedicated to persons living with HIV/AIDS and their families that were supported with HOPWA or leveraged funds during this operating year.

In-kind Leveraged Resources: These involve additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the rate established in HUD notices, such as the rate of ten dollars per hour. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

Leveraged Funds: The amount of funds expended during the operating year from non-HOPWA federal, state, local, and private sources by grantees or sponsors in dedicating assistance to this client population. Leveraged funds or other assistance used directly in HOPWA program delivery.

Output: The number of units of housing or households that receive HOPWA housing assistance during the operating year.

Outcome: The HOPWA assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support. The goal that eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care by 2011.

Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including reasonable costs for security deposits not to exceed two months of rental costs).

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

Short-Term Rent, Mortgage and Utility Payments (STRMU): Subsidy or payments subject to the 21-week limited time period to prevent the homelessness of a household (e.g., HOPWA short-term rent, mortgage and utility payments).

Stewardship Units: Units developed, where HOPWA funds were used for acquisition, new construction and rehabilitation, but no longer receive operating subsidies. Report information for the units subject to the three-year use agreement if rehabilitation is non-substantial, and those subject to the ten-year use agreement if rehabilitation is substantial.

Tenant-Based Rental Assistance: (TBRA): An on-going rental housing subsidy for units leased by the client, where the amount is determined based in part on household income and rent costs. Project-based costs are considered facility-based expenditures.

Total by Type of Housing Assistance/Services: The non-duplicated households assisted in units by type of housing assistance dedicated to persons living with HIV/AIDS and their families or services provided that were supported with HOPWA and leveraged funds during the operating year

Housing Opportunities for Persons with AIDS (HOPWA) Consolidated Annual Performance and Evaluation Report - Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 12/31/2010)

Part 1: Grantee Executive Summary

As applicable, complete the charts below followed by the submission of a written narrative to questions A through C, and the completion of Chart D. Chart 1 requests general grantee information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their activities. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

1. Grantee Information

HUD Grant Number INH08-F001		Operating Year for this report <i>From (mm/dd/yy)</i> 01/01/09 <i>To (mm/dd/yy)</i> 12/31/09		
Grantee Name City of Indianapolis				
Business Address		200 East Washington Street, Suite 2042		
City, County, State, Zip		Indianapolis	Marion	IN 46204
Employer Identification Number (EIN) or Tax Identification Number (TIN)		35-6001063		DUN & Bradstreet Number (DUNs) if applicable 067890848
Congressional District of Business Address		IN-07		
*Congressional District(s) of Primary Service Area(s)		46202		
*Zip Code(s) of Primary Service Area(s)		46202		
*City(ies) and County(ies) of Primary Service Area(s)		Indianapolis, IN		Marion County
Organization's Website Address www.indy.gov		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Have you prepared any evaluation reports? <i>If so, please indicate the location on an Internet site (url) or attach copy.</i>				

* Service delivery area information only needed for program activities being directly carried out by the grantee

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name Damien Center		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Terry Michael			
Email Address	tmichael@damien.org			
Business Address	26 North Arsenal Avenue			
City, County, State, Zip,	Indianapolis	Marion	IN	46201
Phone Number (with area codes)	317-632-0123		Fax Number (with area code) 317-632-4362	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	35-1711878		DUN & Bradstreet Number (DUNs) if applicable	
Congressional District of Business Location of Sponsor	7			
Congressional District(s) of Primary Service Area(s)	7			
Zip Code(s) of Primary Service Area(s)	7			
City(ies) and County(ies) of Primary Service Area(s)	Indianapolis		Marion	
Total HOPWA contract amount for this Organization	\$592,311			
Organization's Website Address www.damiencenter.org		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name Concord Center		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Sonya Cork, HOPWA Coordinator			
Email Address	scork@concordindy.org			
Business Address	1310 South Meridian Street			
City, County, State, Zip,	Indianapolis	Marion	IN	46225
Phone Number (with area codes)	317-637-4376		Fax Number (with area code) 317-637-4380	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	35-0817149		DUN & Bradstreet Number (DUNS) if applicable	
Congressional District of Business Location of Sponsor	7			
Congressional District(s) of Primary Service Area(s)	7			
Zip Code(s) of Primary Service Area(s)	7			
City(ies) and County(ies) of Primary Service Area(s)	Indianapolis		Marion	
Total HOPWA contract amount for this Organization	\$103,247			
Organization's Website Address www.concordindy.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		If yes, explain in the narrative section how this list is administered.		

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name Positive Link		Parent Company Name, if applicable Bloomington Hospital		
Name and Title of Contact at Project Sponsor Agency	Jill Stowers, MSW, LSW			
Email Address	JStowers@bloomingtonhospital.org			
Business Address	333 E Miller Drive			
City, County, State, Zip,	Bloomington	Monroe	IN	47401
Phone Number (with area codes)	812-353-3250		Fax Number (with area code) 812-353-3226	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	35-1720796		DUN & Bradstreet Number (DUNs) if applicable 07-205-2137	
Congressional District of Business Location of Sponsor	9			
Congressional District(s) of Primary Service Area(s)	4, 5, 6, 7, 8, 9			
Zip Code(s) of Primary Service Area(s)	46151, 47448, 46074			
City(ies) and County(ies) of Primary Service Area(s)	Martinsville, Nashville, Westfield		Morgan, Brown, Hamilton	
Total HOPWA contract amount for this Organization	\$8,880.00			
Organization's Website Address		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name Bethlehem House		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Teresa White			
Email Address	twhite@thebethlehemhouse.org			
Business Address	130 East 30th Street			
City, County, State, Zip,	Indianapolis	Marion	IN	46205
Phone Number (with area codes)	317-920-1519		Fax Number (with area code) 317-920-1515	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	35-2119786		DUN & Bradstreet Number (DUNs) if applicable	
Congressional District of Business Location of Sponsor	7			
Congressional District(s) of Primary Service Area(s)	7			
Zip Code(s) of Primary Service Area(s)	7			
City(ies) and County(ies) of Primary Service Area(s)	Indianapolis		Marion	
Total HOPWA contract amount for this Organization	\$57,896			
Organization's Website Address		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>				

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name		Parent Company (if applicable)	
Name and Title of Contact at Subrecipient			
Email Address			
Business Address			
City, State, Zip, County			
Phone Number (with area code)			Fax Number (with area code)
Employer Identification Number (EIN) or Tax Identification Number (TIN)			DUN & Bradstreet Number (DUNs) if applicable
North American Industry Classification System (NAICS) Code			
Congressional District of Location			
Congressional District of Primary Service Area			
Zip Code of Primary Service Area(s)			
City(ies) and County(ies) of Primary Service Area(s)			
Total HOPWA Contract Amount			

A. Grantee and Community Overview

Provide a one to three page narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD's website. *Note: Text fields are expandable.*

Please see attached Executive Summary and HOPWA Narrative Section of CAPER.

B. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

1. Outputs Reported. Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your program year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.

2. Outcomes Assessed. Assess program goals against actual client outcomes for achieving housing stability, reducing risks of homelessness, and improving access to care. If current year results are lower than the national program targets (80 percent of HOPWA clients maintain housing stability, avoid homelessness and access care), please describe the steps being taken to achieve the national outcome goal in next operating year.

3. Coordination. Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.

4. Technical Assistance. Describe any program technical assistance needs and how they would benefit program beneficiaries.

Please see attached Executive Summary and HOPWA narrative of the CAPER.

C. Barriers and Trends Overview

Provide a narrative addressing items 1 through 3. Explain how barriers and trends affected your program's ability to achieve the objectives and outcomes discussed in the previous section.

1. Describe any barriers (including regulatory and non-regulatory) encountered, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> HOPWA/HUD Regulations | <input type="checkbox"/> Planning | <input type="checkbox"/> Housing Availability | <input type="checkbox"/> Rent Determination and Fair Market Rents |
| <input type="checkbox"/> Discrimination/Confidentiality | <input type="checkbox"/> Multiple Diagnoses | <input type="checkbox"/> Eligibility | <input type="checkbox"/> Technical Assistance or Training |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Credit History | <input type="checkbox"/> Rental History | <input type="checkbox"/> Criminal Justice History |
| <input type="checkbox"/> Housing Affordability | <input type="checkbox"/> Other, please explain further | | |

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.

Please see attached Executive Summary and HOPWA Section of the CAPER.

D. Unmet Housing Needs: An Assessment of Unmet Housing Needs

In Chart 1, provide an assessment of the number of HOPWA-eligible households that require housing assistance but are not currently served by HOPWA in this service area.

In Line 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Table 1B of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool. *Note: Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.*

In Rows a through c, enter the number of HOPWA-eligible households by type of housing assistance whose housing needs are not met. For an approximate breakdown of overall unmet need by type of housing assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds.

1. Assessment of Unmet Need for HOPWA-eligible Households

1. Total number of households that have unmet housing needs	= 254
From Item 1, identify the number of households with unmet housing needs by type of housing assistance	
a. Tenant-Based Rental Assistance (TBRA)	= 169
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	= 85
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	= 0

2. Recommended Data Sources for Assessing Unmet Need (check all sources used)

<input checked="" type="checkbox"/> = Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives
= Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care
= Data from client information provided in Homeless Management Information Systems (HMIS)
<input checked="" type="checkbox"/> = Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need
= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
= Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
= Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data

End of PART 1

PART 2: Sources of Leveraging

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in the Consolidated or Annual Plan and used in the delivery of the HOPWA program and the amount of leveraged dollars.

[1] Sources of Leveraging		Total Amount of Leveraged Dollars (for this operating year)	
		[2] Housing Assistance	[3] Supportive Services and other non-direct housing costs
1.	Program Income	=	=
2.	Federal government (please specify):	=	=
	HUD		=
		=	=
		=	=
3.	State government (please specify)	=	=
		=	
		=	=
		=	=
4.	Local government (please specify)	=	=
		=	=
		=	=
5.	Foundations and other private cash resources (please specify)	=	=
	Private and Other Resources	=	
		=	=
6.	In-kind Resources	=	=
7.	Resident rent payments in Rental, Facilities, and Leased Units	=	=
8.	Grantee/project sponsor (Agency) cash	=	=
9.	TOTAL (Sum of 1-7)		

End of PART 2

PART 3: Accomplishment Data - Planned Goal and Actual Outputs

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families. *Note: The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.*

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		Output Households				Funding	
		HOPWA Assistance		Non-HOPWA			
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
Housing Subsidy Assistance		Output Households					
1.	Tenant-Based Rental Assistance	275	267	0	0	425,102	379,012
2a.	Households in permanent housing facilities that receive operating subsidies/leased units	0	0	0	0	0	0
2b.	Households in transitional/short-term housing facilities that receive operating subsidies/leased units	0	0	0	0	0	0
3a.	Households in permanent housing facilities developed with capital funds and placed in service during the program year	0	0	0	0	0	0
3b.	Households in transitional/short-term housing facilities developed with capital funds and placed in service during the program year	0	0	0	0	0	0
4.	Short-Term Rent, Mortgage and Utility Assistance	400	362	0	0	210,837	179,254
5.	Adjustments for duplication (subtract)	0	0	0	0		
6.	Total Housing Subsidy Assistance	675	629	0	0	635,939	558,266
Housing Development (Construction and Stewardship of facility based housing)							
7.	Facility-based units being developed with capital funding but not opened (show units of housing planned)	0	0	0	0	0	0
8.	Stewardship Units subject to 3 or 10 year use agreements	0	0	0	0		
9.	Total Housing Developed	0	0	0	0	0	0
Supportive Services							
10a.	Supportive Services provided by project sponsors also delivering HOPWA housing assistance	625	629			80,100	37,597
10b.	Supportive Services provided by project sponsors serving households who have other housing arrangements	0	67			0	4,005
11.	Adjustment for duplication (subtract)	0	0	0	0		
12.	Total Supportive Services	625	696			80,100	41,603
Housing Placement Assistance Activities							
13.	Housing Information Services	20	0			0	0
14.	Permanent Housing Placement Services	0	0			0	0
15.	Adjustment for duplication	0	0			0	0
16.	Total Housing Placement Assistance	20	0			0	0
Grant Administration and Other Activities							
17.	Resource Identification to establish, coordinate and develop housing assistance resources					0	0
18.	Technical Assistance (if approved in grant agreement)					0	0
19.	Grantee Administration (maximum 3% of total HOPWA grant)					19,676	19,618
20.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					46,295	35,794
Total Expenditures for program year (Sum of rows 6, 9, 12, 16, and 20)		1320	1325	0	0	782,010	655,280

2. Listing of Supportive Services

Report on the use of HOPWA funds for all supportive services. In Rows 1 through 16, provide the (unduplicated) total of all households and expenditures for each type of supportive service for all project sponsors.

Supportive Services		Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management/client advocacy/ access to benefits & services		
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). Specify: 1 st month rent, security deposit		
15.	Adjustment for Duplication (subtract)		
16.	TOTAL Households receiving Supportive Services (unduplicated)		

End of PART 3

Part 4: Summary of Performance Outcomes

HOPWA Long-term Performance Objective: *Eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care each year through 2011.*

Section 1. Housing Stability: Assessment of Client Outcomes on Maintaining Housing Stability (Permanent Housing and Related Facilities)

In Column 1, report the total number of eligible households that received HOPWA housing assistance, by type. In Column 2, enter the number of households continuing to access each type of housing assistance, the following year. In Column 3, report the housing status of all households that exited the program. Columns 2 (Number of Households Continuing) and 3 (Exited Households) summed will equal the total households reported in Column 1. *Note: Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.*

appear in Part 5: Worksheet: Determining Housing Stability Outcomes:					
[A] Permanent Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	[2] Assessment: Number of Households Continuing with this Housing (per plan or expectation for next year)		[3] Assessment: Number of Exited Households and Housing Status	
Tenant-Based Rental Assistance	=		=	1 Emergency Shelter/Streets	= 0
				2 Temporary Housing	= 0
				3 Private Housing	= 0
				4 Other HOPWA	= 0
				5 Other Subsidy	= 0
				6 Institution	= 0
				7 Jail/Prison	=
				8 Disconnected/Unknown	=
				9 Death	= 0
Permanent Supportive Housing Facilities/Units	= 0		= 0	1 Emergency Shelter/Streets	= 0
				2 Temporary Housing	= 0
				3 Private Housing	= 0
				4 Other HOPWA	= 0
				5 Other Subsidy	= 0
				6 Institution	= 0
				7 Jail/Prison	= 0
				8 Disconnected/Unknown	= 0
				9 Death	= 0
[B] Transitional Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	[2] Of the Total Number of Households Receiving Housing Assistance this Operating Year		[3] Assessment: Number of Exited Households and Housing Status	
Transitional/Short-Term Supportive Facilities/Units	= 0	Total number of households that will continue in residences:	= 0	1 Emergency Shelter/Streets	= 0
				2 Temporary Housing	= 0
				3 Private Housing	= 0
				4 Other HOPWA	= 0
			= 0	5 Other Subsidy	= 0
		Total number of households whose tenure exceeded 24 months:		6 Institution	= 0
				7 Jail/Prison	= 0
				8 Disconnected/unknown	= 0
				9 Death	= 0

Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Assistance)

Report the total number of households that received STRMU assistance in Column 1. In Column 2, identify the result of the housing assessment made at time of assistance, or updated in the operating year. (Column 3 provides a description of housing outcomes; therefore, data is not required.) In Row 1a, enter the total number of households served in the prior operating year that received STRMU assistance this year. In Row 1b, enter the total number of households that received STRMU Assistance in the 2 prior operating years that received STRMU assistance this year. *Note: The sum of Column 2 should equal the number of households reported in Column 1.*

Assessment of Households receiving STRMU Assistance

[1] STRMU Housing Assistance	[2] Assessment of Housing Status	[3] HOPWA Client Outcomes
=	Maintain Private Housing without subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	Stable/Permanent Housing (PH)
	=	
	Other Private Housing without subsidy	
	=	
	Other HOPWA support (PH)	
	= 0	
	Other housing subsidy (PH)	
	= 0	
	Institution (e.g. residential and long-term care)	
	= 0	
	Likely to maintain current housing arrangements, with additional STRMU assistance	Temporarily Stable, with Reduced Risk of Homelessness
	= 0	
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	
	=	
	Temporary/non-permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	
	=	
	Emergency Shelter/street	Unstable Arrangements
	=	
	Jail/Prison	
	=	
	Disconnected	
	= 0	
	Death	
	= 0	Life Event
1a. Total number of households that received STRMU assistance in the prior operating year, that also received STRMU assistance in the current operating year.		=
1b. Total number of those households that received STRMU assistance in the two (2 years ago) prior operating years, that also received STRMU assistance in the current operating year.		=

Section 3. HOPWA Outcomes on Access to Care and Support

1A. Status of Households Accessing Care and Support by Project Sponsors delivering HOPWA Housing Assistance/Housing Placement/Case Management

Use Table 1 A for project sponsors that provide HOPWA housing assistance/housing placement with or without case management services. In Table 1A, identify the number of client households receiving any type of HOPWA housing assistance that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. *Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 1C and 1D.*

Categories of Services Accessed	Households Receiving Housing Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.		<i>Support for Stable Housing</i>
2. Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan..		<i>Access to Support</i>
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan,		<i>Access to Health Care</i>
4. Has accessed and can maintain medical insurance/assistance.		<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income.		<i>Sources of Income</i>

1B. Number of Households Obtaining Employment

In Table 1B, identify the number of recipient households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA funded: job training, employment assistance, education or related case management/counseling services. *Note: This includes jobs created by this project sponsor or obtained outside this agency.*

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job		<i>Sources of Income</i>

Chart 1C: Sources of income include, but are not limited to the following (*Reference only*)

<ul style="list-style-type: none"> • Earned Income • Unemployment Insurance • Supplemental Security Income (SSI) • Social Security Disability Income (SSDI) • Veteran's Disability Payment • General Assistance, or use local program name • Temporary Assistance for Needy Families (TANF) income, or use local program name 	<ul style="list-style-type: none"> • Veteran's Pension • Pension from Former Job • Child Support • Alimony or Other Spousal Support • Retirement Income from Social Security • Private Disability Insurance • Worker's Compensation
--	--

Chart 1D: Sources of medical insurance and assistance include, but are not limited to the following (*Reference only*)

<ul style="list-style-type: none"> • MEDICAID Health Insurance Program, or local program name • Veterans Affairs Medical Services • State Children's Health Insurance Program (SCHIP), or local program name 	<ul style="list-style-type: none"> • MEDICARE Health Insurance Program, or local program name • AIDS Drug Assistance Program (ADAP) • Ryan White-funded Medical or Dental Assistance
---	---

2A. Status of Households Accessing Care and Support through HOPWA-funded Services receiving Housing Assistance from Other Sources

In Table 2A, identify the number of client households served by project sponsors receiving HOPWA-funded housing placement or case management services who have other and housing arrangements that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. *Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 2C and 2D.*

Categories of Services Accessed	Households Receiving HOPWA Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.		<i>Support for Stable Housing</i>
2. Successfully accessed or maintained qualification for sources of income.		<i>Sources of Income</i>
3. Had contact with a primary health care provider consistent with the schedule specified in clients individual service plan.		<i>Access to Health Care</i>
4. Has accessed and can maintain medical insurance/assistance.		<i>Access to Health Care</i>
5. Has contact with case manager, benefits counselor, or housing counselor consistent with the schedule specified in client's individual service plan.		<i>Access to Support</i>

2B. Number of Households Obtaining Employment

In Table 2B, identify the number of recipient households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA funded: job training, employment assistance, education or related case management/counseling services. *Note: This includes jobs created by this project sponsor or obtained outside this agency.*

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job		<i>Sources of Income</i>

Chart 2C: Sources of income include, but are not limited to the following (Reference only)

<ul style="list-style-type: none">• Earned Income• Unemployment Insurance• Supplemental Security Income (SSI)• Social Security Disability Income (SSDI)• Veteran's Disability Payment• General Assistance, or use local program name• Temporary Assistance for Needy Families (TANF) income, or use local program name	<ul style="list-style-type: none">• Veteran's Pension• Pension from Former Job• Child Support• Alimony or Other Spousal Support• Retirement Income from Social Security• Private Disability Insurance• Worker's Compensation
--	--

Chart 2D: Sources of medical insurance and assistance include, but are not limited to the following (Reference only)

<ul style="list-style-type: none">• MEDICAID Health Insurance Program, or local program name• Veterans Affairs Medical Services• State Children's Health Insurance Program (SCHIP), or local program name	<ul style="list-style-type: none">• MEDICARE Health Insurance Program, or local program name• AIDS Drug Assistance Program (ADAP)• Ryan White-funded Medical or Dental Assistance
---	---

End of PART 4

PART 5: Worksheet - Determining Housing Stability Outcomes

1. This chart is designed to assess program results based on the information reported in Part 4.

Permanent Housing Assistance	Stable Housing (# of households remaining in program plus 3+4+5+6=#)	Temporary Housing (2)	Unstable Arrangements (1+7+8=#)	Life Event (9)
Tenant-Based Rental Assistance (TBRA)	86	10	2	5
Permanent Facility-based Housing Assistance/Units				
Transitional/Short-Term Facility-based Housing Assistance/Units				
Total Permanent HOPWA Housing Assistance	86	10	2	5
Reduced Risk of Homelessness: Short-Term Assistance	Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)	403	123	7	4
Total HOPWA Housing Assistance	403	123	9	2

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self sufficient arrangements) with reasonable expectation that additional support is not needed.

4 = Other HOPWA-funded housing assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

Temporary Housing

2 = Temporary housing - moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, or temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center).

Unstable Arrangements

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

Life Event

9 = Death, i.e., remained in housing until death. This characteristic is not factored into the housing stability equation.

Tenant-based Rental Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as reported under: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item: 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Permanent Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary Housing is the number of households

that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Transitional/Short-Term Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) continue in the residences (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Other Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Tenure Assessment. A baseline of households in transitional/short-term facilities for assessment purposes, indicate the number of households whose tenure exceeded 24 months.

STRMU Assistance: Stable Housing is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period and there is reasonable expectation that additional support is not needed in order to maintain permanent housing living situation (as this is a time-limited form of housing support) as reported under housing status: Maintain Private Housing with subsidy; Other Private with Subsidy; Other HOPWA support; Other Housing Subsidy; and Institution. Temporarily Stable, with Reduced Risk of Homelessness is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period or left their current housing arrangement for a transitional facility or other temporary/non-permanent housing arrangement and there is reasonable expectation additional support will be needed to maintain housing arrangements in the next year, as reported under housing status: Likely to maintain current housing arrangements, with additional STRMU assistance; Transitional Facilities/Short-term; and Temporary/Non-Permanent Housing arrangements. Unstable Situation is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

End of PART 5

PART 6: Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation. This Annual Certification of Continued HOPWA Project Operations is to be used in place of other sections of the APR, in the case that no additional HOPWA funds were expended in this operating year at this facility that had been acquired, rehabilitated or constructed and developed in part with HOPWA funds.

1. General information

HUD Grant Number(s)	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name	Date Facility Began Operations (mm/dd/yy)

2. Number of Units and Leveraging

Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	Amount of Leveraging from Other Sources Used during the Operating Year
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to 3 or 10 year use periods		

3. Details of Project Site

Name of HOPWA-funded project site	
Project Zip Code(s) and Congressional District(s)	
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list. <input type="checkbox"/> Not confidential; information can be made available to the public.
If the site address is not confidential, please provide the contact name, phone, email, and physical address, if different from business address.	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)	Contact Phone (with area code)

End of PART 6

Appendix H

HOPWA IDIS Reports

Objectives/Outcomes Legend:

- 1/1 = Enhanced Suitable Living Through Improved Accessibility
- 1/2 = Enhanced Suitable Living Through Improved Affordability
- 1/3 = Enhanced Suitable Living Through Improved Sustainability
- 2/1 = Created Decent Housing With Improved Accessibility
- 2/2 = Created Decent Housing With Improved Affordability
- 2/3 = Created Decent Housing With Improved Sustainability
- 3/1 = Provided Economic Opportunity Through Improved Accessibility
- 3/2 = Provided Economic Opportunity Through Improved Affordability
- 3/3 = Provided Economic Opportunity Through Improved Sustainability

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Integrated Disbursement and Information System
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Community Based

Objectives/Outcomes	Persons	ESG Dollars	Other Federal		Private	Fees	Other
			Funds	Local Government			
1/1	0	\$0	\$0	\$0	\$0	\$0	\$0
1/2	0	\$0	\$0	\$0	\$0	\$0	\$0
1/3	0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0	\$0	\$0	\$0
2/1	0	\$0	\$0	\$0	\$0	\$0	\$0
2/2	0	\$0	\$0	\$0	\$0	\$0	\$0
2/3	0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0	\$0	\$0	\$0
3/1	0	\$0	\$0	\$0	\$0	\$0	\$0
3/2	0	\$0	\$0	\$0	\$0	\$0	\$0
3/3	0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0	\$0	\$0	\$0
Totals	0	\$0	\$0	\$0	\$0	\$0	\$0

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
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Faith Based Non-Profit

Objectives/Outcomes	Persons	ESG Dollars	Other Federal			Private	Fees	Other
			Funds	Local Government				
1/1	0	\$0	\$0	\$0		\$0	\$0	\$0
1/2	0	\$0	\$0	\$0		\$0	\$0	\$0
1/3	0	\$0	\$0	\$0		\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0		\$0	\$0	\$0
2/1	0	\$0	\$0	\$0		\$0	\$0	\$0
2/2	0	\$0	\$0	\$0		\$0	\$0	\$0
2/3	0	\$0	\$0	\$0		\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0		\$0	\$0	\$0
3/1	0	\$0	\$0	\$0		\$0	\$0	\$0
3/2	0	\$0	\$0	\$0		\$0	\$0	\$0
3/3	0	\$0	\$0	\$0		\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0		\$0	\$0	\$0
Totals	0	\$0	\$0	\$0		\$0	\$0	\$0

U.S. Department of Housing and Urban Development
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Other Non-Profit

Objectives/Outcomes	Persons	ESG Dollars	Other Federal Funds	Local Government	Private	Fees	Other
1/1	0	\$0	\$0	\$0	\$0	\$0	\$0
1/2	0	\$0	\$0	\$0	\$0	\$0	\$0
1/3	0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0	\$0	\$0	\$0
2/1	0	\$0	\$0	\$0	\$0	\$0	\$0
2/2	0	\$0	\$0	\$0	\$0	\$0	\$0
2/3	0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0	\$0	\$0	\$0
3/1	0	\$0	\$0	\$0	\$0	\$0	\$0
3/2	0	\$0	\$0	\$0	\$0	\$0	\$0
3/3	0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Totals	0	\$0	\$0	\$0	\$0	\$0	\$0
Totals	0	\$0	\$0	\$0	\$0	\$0	\$0
Grand Totals	0	\$0	\$0	\$0	\$0	\$0	\$0

ESG Beneficiaries

Objectives/Outcomes	Emergency or Transitional Shelters		Non-Residential Services	
	Annual Adults Served	Annual Children Served	Annual Number Served	Totals
1/1	70	113	0	183
1/2	0	0	0	0
1/3	0	0	0	0
Sub-Totals	70	113	0	183
2/1	0	0	0	0
2/2	0	0	0	0
2/3	0	0	0	0
Sub-Totals	0	0	0	0
3/1	0	0	0	0
3/2	0	0	0	0
3/3	0	0	0	0
Sub-Totals	0	0	0	0
Totals	70	113	0	183

ESG Beneficiaries

Emergency or Transitional Shelter

Annual Number of Individual Households (Singles)

Objectives/Outcomes	Unaccompanied 18 and Over Male	Unaccompanied 18 and Over Female	Unaccompanied 18 and Over Totals	Unaccompanied Under 18 Male	Unaccompanied Under 18 Female	Unaccompanied Under 18 Totals
1/1	0	18	0	0	0	0
1/2	0	0	0	0	0	0
1/3	0	0	0	0	0	0
Sub-Totals	0	18	0	0	0	0
2/1	0	0	0	0	0	0
2/2	0	0	0	0	0	0
2/3	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0
3/1	0	0	0	0	0	0
3/2	0	0	0	0	0	0
3/3	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0
Totals	0	18	0	0	0	0

Emergency or Transitional Shelter

Annual Number of Family Households with Children Headed by

Objectives/Outcomes	Single 18 and Over		Single 18 and Over Single 18 and Over		Single Under 18		Single Under 18 and Over		Two Parents	
	Male	Female	Male	Female	Totals	Male	Female	Totals	Under 18	Totals
1/1	0	52	0	0	0	0	0	0	0	0
1/2	0	0	0	0	0	0	0	0	0	0
1/3	0	0	0	0	0	0	0	0	0	0
Sub-Totals	0	52	0	0	0	0	0	0	0	0
2/1	0	0	0	0	0	0	0	0	0	0
2/2	0	0	0	0	0	0	0	0	0	0
2/3	0	0	0	0	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0	0	0	0	0
3/1	0	0	0	0	0	0	0	0	0	0
3/2	0	0	0	0	0	0	0	0	0	0
3/3	0	0	0	0	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0	0	0	0	0
Totals	0	52	0	0	0	0	0	0	0	0

ESG Beneficiaries		
Emergency or Transitional Shelter		
Annual Number of Family Households with No Children		
Objectives/Outcomes	Family with No Children Total	
1/1	0	
1/2	0	
1/3	0	
Sub-Totals	0	
2/1	0	
2/2	0	
2/3	0	
Sub-Totals	0	
3/1	0	
3/2	0	
3/3	0	
Sub-Totals	0	
Totals	0	
Grand Total ESG Beneficiaries: 70		

Objectives/Outcomes	Chronically Homeless (Emergency Shelter Only)	Severely Mentally Ill	Chronic Substance Abuse	Other Disability	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence	Elderly
1/1	0	0	0	0	0	0	70	0
1/2	0	0	0	0	0	0	0	0
1/3	0	0	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0	70	0
2/1	0	0	0	0	0	0	0	0
2/2	0	0	0	0	0	0	0	0
2/3	0	0	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0	0	0
3/1	0	0	0	0	0	0	0	0
3/2	0	0	0	0	0	0	0	0
3/3	0	0	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0	0	0
Totals	0	0	0	0	0	0	70	0

ESG Beneficiaries

Annual Number Served in Emergency or Transitional Shelters

Objectives/Outcomes	Barracks	Group/Large House	Scattered Site Apartment	Single Family Detached House	Single Room Occupancy	Home/Trailer	Mobile	Hotel/Motel	Other Housing	Totals
1/1	0	0	0	0	0	0	0	0	183	183
1/2	0	0	0	0	0	0	0	0	0	0
1/3	0	0	0	0	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0	0	0	183	183
2/1	0	0	0	0	0	0	0	0	0	0
2/2	0	0	0	0	0	0	0	0	0	0
2/3	0	0	0	0	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0	0	0	0	0
3/1	0	0	0	0	0	0	0	0	0	0
3/2	0	0	0	0	0	0	0	0	0	0
3/3	0	0	0	0	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0	0	0	0	0
Totals	0	0	0	0	0	0	0	0	183	183

Racial/Ethnic Characteristics

Annual Number Served. (Including Residential and Non-Residential Services)

Objectives/Outcomes	1/1		1/2		1/3	
	Totals	Hispanic	Totals	Hispanic	Totals	Hispanic
White	41	3	0	0	0	0
Black/African American	128	0	0	0	0	0
Asian	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	6	0	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0	0	0
Asian & White	0	0	0	0	0	0
Black/African American & White	3	0	0	0	0	0
Amer. Indian/Alaskan Native & Black/African Amer.	0	0	0	0	0	0
Other multi-racial	5	0	0	0	0	0
Asian/Pacific Islander (valid until 03-31-04)	0	0	0	0	0	0
Hispanic (valid until 03-31-04)	0	0	0	0	0	0
Sub-Totals	183	3	0	0	0	0

Racial/Ethnic Characteristics

Annual Number Served. (Including Residential and Non-Residential Services)

Objectives/Outcomes	2/1		2/2		2/3	
	Totals	Hispanic	Totals	Hispanic	Totals	Hispanic
White	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0
Asian	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0	0	0
Asian & White	0	0	0	0	0	0
Black/African American & White	0	0	0	0	0	0
Amer. Indian/Alaskan Native & Black/African Amer.	0	0	0	0	0	0
Other multi-racial	0	0	0	0	0	0
Asian/Pacific Islander (valid until 03-31-04)	0	0	0	0	0	0
Hispanic (valid until 03-31-04)	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0

Racial/Ethnic Characteristics

Annual Number Served. (Including Residential and Non-Residential Services)

Objectives/Outcomes	3/1		3/2		3/3	
	Totals	Hispanic	Totals	Hispanic	Totals	Hispanic
White	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0
Asian	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0	0	0
Asian & White	0	0	0	0	0	0
Black/African American & White	0	0	0	0	0	0
Amer. Indian/Alaskan Native & Black/African Amer.	0	0	0	0	0	0
Other multi-racial	0	0	0	0	0	0
Asian/Pacific Islander (valid until 03-31-04)	0	0	0	0	0	0
Hispanic (valid until 03-31-04)	0	0	0	0	0	0
Sub-Totals	0	0	0	0	0	0
Totals	183	3	0	0	0	0

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Integrated Disbursement and Information System
HOPWA Measuring Housing Stability Outcomes
Program Year 2009 INDIANAPOLIS,IN

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	Total Expenditures	Total Number of Households Receiving HOPWA Assistance	Number of Households Continuing	STRMU Prior Year	STRMU Prior 2 Years
Tenant-Based Rental Assistance	\$0	0	0	0	0
Facility-Based Housing Operations	\$0	0	0	0	0
Short-Term Rent, Mortgage, And Utility Assistance	\$0	0	0	0	0
Totals	\$0	0	0	0	0
Of STRMU Assistance, Total STRMU Mortgage Assistance	\$0	0			

Number of Exited Households - Component And Destination

	TBRA	Facility Based Housing Operations	STRMU	Total
Emergency Shelter	0	0	0	0
Temporary Housing	0	0	0	0
Private Housing	0	0	0	0
Other HOPWA	0	0	0	0
Other Subsidy	0	0	0	0
Institution	0	0	0	0
Jail/Prison	0	0	0	0
Disconnected	0	0	0	0
Death	0	0	0	0
Totals	0	0	0	0

	TBRA	Facility Based Housing Operations	STRMU
Total Households Assisted	0	0	0
Total Households Continuing	(0)	(0)	(0)
Total Households Exiting	(0)	(0)	(0)
Total Households Missing	0	0	0

	TBRA	Facility Based Housing Operations	STRMU	Total
Total in Stable Housing	0	0	0	0
Percent in Stable Housing	-0.01	-0.01	-0.01	-0.01
Total in Temporary Housing	0	0	0	0
Percent in Temporary Housing	0	0	0	-0.01

Facility-based Housing Development	Total Units/Households	Total HOPWA Funds Expended	Average Cost Per Unit
Facility-based Housing Development	0	0.00	0.00
Total number of units developed that 504 accessible	0		
Total number of units developed that are Energy Star compliant	0		
Total number of units permanent housing for homeless	0		
Of those, total number of units designated for chronically homeless	0		
Facility-based Housing Operations	Total Units/Households	Total HOPWA Funds Expended	Average Cost Per Unit
Facility-based Housing Operations	0	0.00	0.00
Total number of households who received permanent housing that were for homeless	0		
Of those, total number of households who were chronically homeless	0		
Tenant-Based Rental Assistance	Total Units/Households	Total HOPWA Funds Expended	Average Cost Per Unit
Tenant-Based Rental Assistance	0	0.00	0.00
Total number of households who received permanent housing that were for homeless	0		
Of those, total number of households who were chronically homeless	0		
Short-Term Rent Mortgage Utility	Total Units/Households	Total HOPWA Funds Expended	Average Cost Per Unit
Short-Term Rent Mortgage Utility Assistance	0	0.00	0.00
Total number of households and expenditures supported with Mortgages	0	0.00	0.00
Total number of households who received permanent housing that were for homeless	0		
Supportive Services	Total Units/Households	Total HOPWA Funds Expended	Average Cost Per Unit
Total of Persons receiving Services in conjunction with HOPWA Housing Assistance	0		
Total of Persons receiving Services but not with Housing Assistance	0		
Housing Placement Activities	Total Units/Households	Total HOPWA Funds Expended	Average Cost Per Unit
Permanent Housing Placement	0	0.00	0.00
Housing Information	0	0.00	0.00



Appendix I

CDBG Outcomes Chart